

13 Carrara Street, Benowa, QLD 4217,
 PO Box 6545, Gold Coast Mail Centre, QLD 9726
 P: 07 5588 9588 E: pdpc.pgc@ramsayhealth.com.

PATIENT PRE ADMISSION FORM

Date of Procedure: _____
Procedure/Item Nos: _____
Doctor: _____
Title: Mr Mrs Miss Ms Dr
Patient Surname: _____
Patient First Name: _____
Address: _____
Email address: _____
Mob Ph number: _____

Medicare Number:	Card #:	Ref No on card:	Expiry:
Health Fund Member:	Yes / No	Gender:	Male / Female
Health Fund Details:	Fund Name:		Membership #:
	Excess/Co-payment payable on admission? \$		
Date of Birth:		Country of Birth:	
Are you (is the person) Aboriginal /Torres Strait Islander Origin?			
<input type="checkbox"/> Yes, Aboriginal		<input type="checkbox"/> Yes, Torres Strait Islander	
<input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander		<input type="checkbox"/> Decline to answer	
Marital Status:	Single / Married / De Facto / Widowed / Divorced		
Employment Status:	Employed / unemployed / retired / student / child / self employed		
My Health Record	Opt out of my health record	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NEXT OF KIN DETAILS / PERSON RESPONSIBLE

Title: Mr Mrs Miss Ms Dr
Name: _____
Relationship to Pt: _____
Address: _____
Mob Ph Number: _____

The hospital fee/excess to be paid ON the day of admission or BEFORE admission by Direct Deposit:
 BSB 064 214 Account No 1004 3340

Patients need to contact their Health Fund prior to admission

Completed forms need to be either emailed to: pdpc.pgc@ramsayhealth.com.au or faxed to: 07 5588 9580
 prior to admission – ALTERNATIVELY this form, consent and health assessment forms can all be completed
 online: pindaradayprocedurecentre.com.au